ICAR - INDIAN GRASSLAND AND FODDER RESEARCH INSTITUTE
JHANSI – 284 003 (U.P.), INDIA

Appendix IX **ESSENTIALITY CERTIFICATE 'A'** Form Med 103

(To be completed in the case of patients who are not admitted to hospital treatment)

Certificate granted to Mr./Mrs./Miss/Dr. _______ ____________ __________ wife/ son/ daughter/ father/ mother of Shri ____ __________ ____ employed in the IGFRI, Jhansi (U.P.)

I, ____ hereby certify that :

a) That I charged and received Rs. …….. for ……….. consultation on ………………… (dates to be given) at my consulting room/at the residence of the patient;

b) That I charged and received Rs……….. for……….. administering ____________________ Intra-venous/intra-muscular/subcutaneous injections were/was injected on __________________at __________________ my consulting room/ the residence of the patient:

c) That the injections administered was/were not for immunizing or prophylactic purposes.

d) the patient has been under treatment at __________________________________ (Name of hospital or dispensary)/ my consulting room and that the under-mentioned medicines prescribed by me in this connection were essential for the recovery/prevention of serious deterioration in the condition of the patient. The medicines are not stock in the ______________ _________________ (Name of hospital or dispensary) for supply to private patients and do not include proprietary preparations for which cheaper substances of equal therapeutic value are available nor preparations, which are primarily foods, toilets or disinfectants.

Sl. No	Name of Medicines (in block letters)	Qty.	Price Rs. Paise	Sl. No	Name of Medicines (in block letters)	Qty.	Price Rs. Paise
1.				8.			
2.				9.			
3.				10.			
4.				11.			
5.				12.			
6.				13.			
7.	**TOTAL**			14.	**TOTAL**		

e) that the patient is/was suffering from _____________________________ (in block letters) and is/was under my treatment from _____ ________ ____ to ____ ___________ __ .

f) that the patient is/was not given pre-natal or post-natal treatment.

g) That the X-ray, laboratory test, etc. for which an expenditure of Rs. _________________ was incurred was necessary and were undertaken on my advice at ___________________ ____ (name of hospital or laboratory).

h) that I referred the patient to Dr. __________________________________ for specialist consultation and that the necessary approve of the ______________________ (name of the Chief Administrative Officer of the state) as required under the rules was obtained.

i) That the patient did not require/required hospitalization.

Date : ____________

Signature and Designation of the Medical Officer
and hospital/dispensary to which attached